08/17/2009 17:04

Image# 29934453233

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Otr	ner I nan An	Autnoriz	ea Comm	ittee		Office Us	e Only	
1.			C MAILING LAN E OR PRINT ₩		xample:If typi ver the lines	ng, type		• • • • •		
	American Academy of Ophtha	almology	nc Political Con	nmittee (OPF						
Ш										
AD	DRESS (number and street)	655 B	each Street		<u> </u>	1				
г	Check if different									
L	than previously reported. (ACC)	San F	rancisco				CA	94	4109	
2.	FEC IDENTIFICATION NUM	BER	—	CITY 🛕			STATE	1	ZIPCODE	.
	C00196246			3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	`´I	Monthly Report Due On:	Feb 20 (M	2)	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) Non-Election Year Only)
	(a) Quarterly Reports:	'	Jue On.	Mar 20 (M	3)	Jun 20 (M6)		Sep 20 (M9)	(Dec 20 (M12) Non-Election Year Only)
	April 15			Apr 20 (M	4) X	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(Q		c) 12-Day		Primary (1	2P)	Ger	neral (12G)	F	Runoff (12R)
	July 15 Quarterly Report(Q2	Ι,	PRE-Election				=			
	October 15 Quarterly Report(Q3	3)	Report for t	ne:	Convention	n (12C)	Spe	ecial (12G)		
	January 31 Quarterly Report(YE			Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	' `	d) 30-Day Post -Elect Report for t		General (3	80G)	Rur	noff (30R)	5	Special (30S)
	Termination Report (TER)		·	Election on					in the State of	
5.	Covering Period 0 6	0	200	9	through	0 6	30	2009		
I ce	ertify that I have examined this F	Report and	d to the best of r	ny knowledg	e and belief it	is true, correct	and comp	olete.		
Тур	oe or Print Name of Treasurer	Benj	amin Bank							
Sig	nature of Treasurer Electron	nically File	ed by Benjami	in Bank			Date	08 17	2	009
NO	TE : Submission of false, erron	eous, or	incomplete infor	mation may :	subject the pe	erson signing th	nis Report	to the penalties	of 2 U.S.(C 437g.
	Office Use							ı	FORM	

FE6AN026

A. Form/Schedule : F3XA

Transaction ID:

This report corrects Line 11a(i) Col B.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D [®]D 06 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 681385.49 January 1 (b) Cash on Hand at 571174.25 Begining of Reporting Period 121896.59 276640.22 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 693070.84 958025.71 6(a) and 6(c) for Column B) 332366.59 67411.72 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 625659.12 625659.12 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 99

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

2009

то.

м м 0 6 ^D 30

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	111033.32	246755.76
	(ii) Unitemized	9904.02	22417.62
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	120937.34	269173.38
	Political Party Committees	0.00	0.00
()	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	120937.34	269173.38
	sfers From Affiliated/Other Committees	0.00	0.00
3. All Lo	pans Received	0.00	0.00
	Repayments Receivedets To Operating Expenditures	0.00	0.00
(Refu (Carı	unds, Rebates, etc.) ry Totals to Line 37, page 5) nds of Contributions Made	0.00	0.00
to Fe	ederal candidates and Other cal Committees	0.00	0.00
	r Federal Receipts dends, Interest, etc.)	959.25	7466.84
	sfers from Non-Federal and Levin Funds		
	lon-Federal Account (from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	121896.59	276640.22
	Federal Receipts ract Line 18(c) from Line 19)	121896.59	276640.22

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 99

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1411.72	7050.09
	Expenditures(c) Total Operating Expenditures	1411.72	7050.09
	(add 21(a)(i), (a)(ii) and (b))	1411.72	7050.09
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	66000.00	262500.00
24.	Independent Expenditure	0.00	58704.00
5.	(use Schedule E)	0.00	38704.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
_			
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	4112.50
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	4440.50
	(add Lines 28(a), (b), and (c))	0.00	4112.50
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		3.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	67411.72	332366.59
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	67411.72	332366.59

DETAILED SUMMARY PAGE

of Disbursements

6 / 99

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	120937.34	269173.38
34.	Total Contribution Refunds (from Line 28(d))	0.00	4112.50
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	120937.34	265060.88
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1411.72	7050.09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1411.72	7050.09

FE6AN026

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	os solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) David Abramson Mailing Address 70 East 66th Street City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	New York FEC ID number of contributing federal political committee.	NY C	10065-6528	Amount of Each Receipt this Period 365.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		Batch Tool - PAC
— В.	Full Name (Last, First, Middle Initial) Sharron Acosta Mailing Address		Zip Code	Date of Receipt M M
	Seguin FEC ID number of contributing federal political committee.	TX	78155	Amount of Each Receipt this Period 250.00 Batch Tool - PAC
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		
_ C.	Full Name (Last, First, Middle Initial) John Aljian Mailing Address 25 Johnson Avenue			Date of Receipt 0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 0844611
	Englewood Cliffs FEC ID number of contributing federal political committee.	NJ C	07632-2127	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1115.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ž	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address 20 Mule Road			Date of Receipt
	Mailing Address 20 Mule Road			06 19 2009
	City Tomo Pivor	State NJ	Zip Code	Transaction ID: 7QV9CW528824
	Toms River FEC ID number of contributing		08755-5028	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Daniel Alter			Date of Receipt
	Mailing Address Suite 640 1875 Dempster Stree	et		06 17 2009
	City Park Ridge	State IL	Zip Code	Transaction ID: 1W284Y232684
	FEC ID number of contributing federal political committee.	C	60068-1179	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Chad Anderson			Date of Receipt
	Mailing Address Suite 1 1811 W Royal Hunte	Drive		06 29 7 2009
	City	State	Zip Code	Transaction ID: 0612413
	Cedar City FEC ID number of contributing federal political committee.	C	84720-8274	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupatio Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 1000.00	
Γ				2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Manek Anklesaria Mailing Address Suite 307			Date of Receipt
	2325 S Harvard Avenu	e State	Zip Code	0 6 2 9 2 0 0 9 Transaction ID: 0751993
	<u>Tulsa</u>	OK	74114-3307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
– В.	Full Name (Last, First, Middle Initial) Pablo Miguel Arregui			Date of Receipt
	Mailing Address 605 W East Avenue			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9C1512378
	Chico FEC ID number of contributing federal political committee.	CA	95926-7201	Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophthan		Datcii 100i - FAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Todd Auker			Date of Receipt
	Mailing Address Auker Eye Inst 2324 Santa Rita Road	Suite 7		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pleasanton	State CA	Zip Code 94566	Transaction ID: 7QV9C1107791 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		1	2365.00
t	TOTAL This Period (last page this line number			

or for commercial pur	d from such Reports and Stat	tements may	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
NAME OF COMM American Acad	poses, other than using the na ITTEE (In Full)	ame and add	committee (OPHTHPAC)	to solicit contributions from such committee.
City Mansfield FEC ID number of federal political co	1991 Park Avenue W contributing mmittee.	State OH	Zip Code 44906-2233	Date of Receipt M M
Receipt For: Primary Other (spec	General	Occupation Ophtham Aggregate		
Full Name (Last, F Charles Baltimore Mailing Address	639 W 15th Street	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of federal political co	mmittee.	NC C Occupation	27889-3526	Transaction ID: GHJUP7207685 Amount of Each Receipt this Period 485.00 Batch Tool - PAC
Receipt For: Primary Other (spec	General fy) ▼	Ophtham Aggregate	ologist Year-to-Date ▼ 485.00	
Full Name (Last, F Ray Balyeat Mailing Address City Tulsa FEC ID number of federal political co	Suite 400 2000 S Wheeling Avenue	State OK	Zip Code 74104-5641	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employe Self Receipt For: Primary Other (spec	General	Occupation Ophtham Aggregate		Batch Tool - PAC
SUBTOTAL of Rece	eipts This Page (optional)			2485.00

or for N. A. Fu	Information copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Academy of Ophthalmology Ill Name (Last, First, Middle Initial) ancine Baran ailing Address 4340 Northeast 55th St ty eattle	name and addre	ess of any political committee to	on for the purpose of soliciting contributions is solicit contributions from such committee. Date of Receipt
Fr Fr M Ci	merican Academy of Ophthalmology III Name (Last, First, Middle Initial) ancine Baran ailing Address 4340 Northeast 55th Si ty	treet	Committee (OPHTHPAC)	Date of Receipt
Er M C S	rancine Baran ailing Address 4340 Northeast 55th St ty			Date of Receipt
 Ci <u>S</u>	ty			
<u>s</u>		State		06 29 2009
	eattle		Zip Code	Transaction ID: 0986416
FI		WA	98105-2233	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		240.00
N S	ame of Employer elf	Occupation Ophthamol	logist	Batch Tool - PAC
R	eceipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 240.00	
	ull Name (Last, First, Middle Initial) iilliam Bearden			Date of Receipt
М	ailing Address 400 Westhampton Stat	tion		06 19 2009
C	•	State	Zip Code	Transaction ID: 7QV9D5678313
<u>R</u>	ichmond	VA	23226-3330	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		365.00
N: S	ame of Employer elf	Occupation Ophthamol	logist	Batch Tool - PAC
R	eceipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		365.00]
	ull Name (Last, First, Middle Initial) ichael Belin			Date of Receipt
_	ailing Address 4232 W Summer Rand	h Place		06 29 7 2009
	ty	State	Zip Code	Transaction ID: 0677469
<u>N</u>	larana	AZ	85658-4741	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		365.00
S	ame of Employer elf	Occupation Ophthamol		Batch Tool - PAC
R	eceipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 365.00	
	TOTAL of Receipts This Page (optional)			970.00

Mailing Address Suite 133 1501 50th Street City State Zip Code West Des Moines IA 50266-5920 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	PAGE 12 / 99 11c 12 15 16 17 citing contributions
A. Meena Beri Mailing Address Suite 217	n such committee.
City State Zip Code Transaction ID: 7t Amount of Each Reseipt For: Primary	
Portland Portland Portland PEC ID number of contributing federal political committee. Name of Employer Self Deferred political committee. Name of Employer General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Christopher Blodi Mailing Address Suite 133 1501 50th Street City West Des Moines IA 50266-5920 PEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Coccupation Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General City State Zip Code Transaction ID: 0ther (specify) ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼	
FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For:	
Self Occupation Ophthamologist Receipt For:	365.00
B. Full Name (Last, First, Middle Initial) Christopher Blodi Mailing Address Suite 133 1501 50th Street City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) James Bobrow Mailing Address 121 Hunter Avenue Suite 102 City State Zip Code Transaction ID: 03 Amount of Each Re Primary General Other (specify) ▼ Date of Receipt Amount of Each Re FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: 06 0 6 1 2 2 Trans)
B. Christopher Blodi Mailing Address Suite 133	
C. State Zip Code West Des Moines IA 50266-5920 Amount of Each Receipt For: Primary General Other (specify) ▼ C City State Zip Code Transaction ID: G C Date of Receipt For: Aggregate Year-to-Date ▼ C City State Zip Code Transaction ID: G C City Transaction ID: G Transaction ID: G C City Tran) / Y " Y " Y " Y
West Des Moines FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Mailing Address 121 Hunter Avenue Suite 102 City State Zip Code Clayton FEC ID number of contributing federal political committee. Name of Employer C. State Zip Code Transaction ID: 08 Amount of Each Receipt Date of Receipt Transaction ID: 08 Amount of Each Receipt Date of Receipt Transaction ID: 08 Amount of Each Receipt Date of Receipt Transaction ID: 08 Amount of Each Receipt Amount of Each Receipt Fereight Amount of Each Receipt For: Amount of Each Receipt For: Aggregate Year-to-Date ▼ Primary General	
FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pall Name (Last, First, Middle Initial) James Bobrow Mailing Address 121 Hunter Avenue Suite 102 City State Zip Code Transaction ID: 08 Clayton MO 63124-2082 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
Rame of Employer Self Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) James Bobrow Mailing Address 121 Hunter Avenue Suite 102 City Clayton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼ Date of Receipt Mo 63124-2082 Amount of Each Re FEC ID number of contributing federal political committee. Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	365.00
Primary General Other (specify) ▼	;
C. James Bobrow Mailing Address 121 Hunter Avenue Suite 102 City State Zip Code Clayton MO 63124-2082 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Date of Receipt M M M D D D 0 6 2 9 Transaction ID: 08 Amount of Each Re Date of Receipt M M M D D D 0 6 2 9 Transaction ID: 08 Amount of Each Re Batch Tool - PAC	
Suite 102 City Clayton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General State Zip Code Transaction ID: 08 Amount of Each Re Occupation Ophthamologist Aggregate Year-to-Date FOO 00	
City State Zip Code Transaction ID: 08 Clayton MO 63124-2082 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Primary General Transaction ID: 08 Amount of Each Re Batch Tool - PAC	
FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date FOO 00	855581
federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date FOO OO	eceipt this Period
Name of Employer Self Ophthamologist Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date FOO OO	500.00
Primary General 500.00	,
SUBTOTAL of Receipts This Page (optional)	1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 99 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	statements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	ion for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Bodine Mailing Address Retina Consultations 915 Palmer Road City Bronxville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10708 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M 29 2009 Transaction ID: 0111494 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) John Bormes Mailing Address 12932 Ironwood Drive City Aberdeen FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code SD 57401-8106 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Brailsford Mailing Address Suite 303 801 N Tustin Avenue City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 92705-3601 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and address of any political committ	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Braun Mailing Address 114 Country Club City Hot Springs FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AR 71901-8034 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: 0374796 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Zeb Brister, Jr. Mailing Address 1145 S Utica Avenue S City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Suite 162 State Zip Code OK 74104-4000 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2009 Transaction ID: 0523345 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Jill Brody Mailing Address McDonough Eye Asso 505 E Grant Street City Macomb FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 61455 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 99 (check only one) X
4	any information copied from such Reports and a r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr.			Date of Receipt
	Mailing Address 303 W Polk Avenue			06 22 2009
	City	State	Zip Code	Transaction ID: GHJUP7026116
	West Memphis	AR	72301-4262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Miles Burke			Date of Receipt
	Mailing Address 10475 Montgomery R	ng Address 10475 Montgomery Rd. Suite 4-F		
	City State Zip Code			Transaction ID: 1W284Y051443
	Cincinnati	OH	45242-5200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) William Cain			Date of Receipt
	Mailing Address 1920 Pickens Street			06 17 2009
	City	State	Zip Code	Transaction ID: 1W284Y492681
	Columbia	SC	29201-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional).	•		1230.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 99 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Richard Carlton			Date of Receipt
	Mailing Address 732 Main Street			06 29 2009
	City	State	Zip Code	Transaction ID: 0353068
	Manchester	CT	06040-5106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Ronald Caronia			Date of Receipt
	Mailing Address Floor 3 360 Merrick Road			06 29 7 2009
	City	State	Zip Code	Transaction ID: 0189115
	Lynbrook FEC ID number of contributing federal political committee.	C	11563-2526	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Bruce Carter			Date of Receipt
	Mailing Address 1101 E Jefferson Stre	et Suite 3		06 24 2009
	City	State	Zip Code	Transaction ID: 4L9WNJ829883
	Charlottesville	VA	22902-5353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		310.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 310.00	
Г	SUBTOTAL of Receipts This Page (optional) .	•		925.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 99 (check only one) X		
2	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	American Academy of Ophthalmology	Inc Political	I Committee (OPHTHPAC)			
	Full Name (Last, First, Middle Initial) Brent Chalmers			Date of Receipt		
	Mailing Address 1306 Division Street	Otata	7in Oada	06 19 2009		
	City Oregon City	State OR	Zip Code 97045-1523	Transaction ID: 7QV9D1726637 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		260.00		
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 260.00			
	Full Name (Last, First, Middle Initial) David Chang			Date of Receipt		
	Mailing Address Suite 1 762 Altos Oaks Drive			06 19 2009		
	City Los Altos	State CA	Zip Code 94024-5435	Transaction ID: 7QV9CW492117		
	FEC ID number of contributing federal political committee.	C	94024-9433	Amount of Each Receipt this Period 1000.00		
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00			
_	Full Name (Last, First, Middle Initial) Joseph Chappell, Jr.			Date of Receipt		
	Mailing Address 610 Brunson Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State MS	Zip Code	Transaction ID: GHJUP7657159		
	Tupelo FEC ID number of contributing federal political committee.	C	38801-4947	Amount of Each Receipt this Period 365.00		
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC		
	Receipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 365.00			
Г		<u> </u>		1625.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e (check only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor City Jersey City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NJ 07306-2932 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 600.0	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) S. William Clark, III Mailing Address 502 Isabella Street City Waycross FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code GA 31501-3638 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 1249.9	Date of Receipt M M M
c.	Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc L 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10011 C Occupation Ophthamologist Aggregate Year-to-Date 250.6	Date of Receipt M M M C 29 2009 Transaction ID: 0726878 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional) .	1	766.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 19 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16	
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold on a name and address of any posterior	r used by any person olitical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.	
	American Academy of Ophthalmology	Inc Political Committee	(OPHTHPAC)		
	Full Name (Last, First, Middle Initial) John Colombo			Date of Receipt	
	Mailing Address 22835 Kelly Road			06 22 2009	
	City	State Zip Code)	Transaction ID: GHJUP7929436	
	Eastpointe	MI 48021-2	073	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Self	Occupation Ophthamologist		Batch Tool - PAC	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	500.00		
_	Full Name (Last, First, Middle Initial) James Conahan			Date of Receipt	
	Mailing Address Suite 220 9330 S University Bou			06 19 7 2009	
	City	State Zip Code		Transaction ID: 7QV9CW025929	
	Highlands Ranch FEC ID number of contributing federal political committee.	CO 80126-5	049	Amount of Each Receipt this Period 500.00	
	Name of Employer Self	Occupation Ophthamologist		Batch Tool - PAC	
	Receipt For:	Aggregate Year-to-Date	▼	1	
	Primary General Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) Loran Cook			Date of Receipt	
	Mailing Address Suite 204 1055 N 300 W			06 19 2009	
	City	State Zip Code		Transaction ID: 7QV9CW585426	
	Provo	UT 84604-3	3/4	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC	
	Name of Employer Self	Occupation Ophthamologist	_	- Daton rook it Ao	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00		
Г				1250.00	

Mailing Address 26 Calle Del Sol City State Zip Code Tra Placitas NM 97043-9209 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	INE NUMBER: PAGE 20 / 99 conly one) 1a 11b 11c 12 3 14 15 16 17
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Curtis Cornelius Mailing Address 26 Calle Del Sol City State Zip Code Placitas NM 87043-9209 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank Cotter Mailing Address PO Box 1789 City State Zip Code Tra Aggregate Year-to-Date ▼ Tra Amme of Employer Self Ophthamologist Receipt For: Mailing Address PO Box 1789 City State Zip Code Tra Amme of Employer Self Ophthamologist Receipt For: Primary General Ophthamologist Receipt For: Primary General Ophthamologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Mailing Address Building No2 2 Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼	purpose of soliciting contributions ntributions from such committee.
A. Curis Cornelius Mailing Address 26 Calle Del Sol City State Zip Code NM 87043-9209 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Frank Cotter Mailing Address PO Box 1789 City State Zip Code YA 24008-1789 City State Zip Code YA 24008-1789 City State Zip Code YA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Trate Transport Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Trate Transport Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Trate Transport Name of Employer Self Occupation Ophthamologist FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Aggregate Year-to-Date ▼	
City State Zip Code NM 87043-9209 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For:	te of Receipt
Placitas Placitas NM 87043-9209 Am FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ City State Primary General City State Primary General City Roanoke VA 24008-1789 City Roanoke Primary General Other (specify) ▼ City State Primary General City State Primary General Ophthamologist Receipt For: Primary General Other (specify) ▼ Roanoke City Primary General Other (specify) ▼ Roanoke Primary General Other (specify) ▼ Roanoke City Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton FEC ID number of contributing federal political committee. NJ Roanoke R	6 22 2009
FEC ID number of contributing federal political committee. Name of Employer Self	nsaction ID: GHJUOR034412
Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank Cotter Mailing Address PO Box 1789 City State Zip Code Tra Roanoke VA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Tra Aggregate Year-to-Date ▼ Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ C. Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Tra Hamilton NJ 08690-3563 Am FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General	nount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank Cotter Mailing Address PO Box 1789 City State Zip Code Roanoke VA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Tra Aggregate Year-to-Date ▼ Da Mo Occupation Ophthamologist Aggregate Year-to-Date ▼ Da Mo Occupation Ophthamologist FEC ID number of contributing federal political committee. C. Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ch Tool - PAC
Primary General 250.00 Primary General Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Frank Cotter Mailing Address PO Box 1789 City State Zip Code Roanoke VA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General C Capage Year-to-Date ▼ C State Zip Code Track Amage State Zip Code Track Trac	
B. Frank Cotter Mailing Address PO Box 1789 City State Zip Code Poanoke VA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ C. Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Tra Mame of Employer C State Zip Code Tra Mame of Employer C State Zip Code Tra Mame of Employer C State Zip Code Tra Agregate Year-to-Date ▼ Da Mailing Address Building No2 2 Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	
City State Zip Code Tra Roanoke VA 24008-1789 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Tra My 08690-3563 FEC ID number of contributing federal political committee. Name of Employer C C Tra Aggregate Year-to-Date ▼ Da Mo Tra Arr Arr Arr Arr Arr Arr Arr	te of Receipt
Roanoke VA 24008-1789 Am FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Bate C Bate Am Da Mo C C Receipt For: Aggregate Year-to-Date ▼ Da Mo Da Am Am FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	6 30 7 2009
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Trae Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Name of Employer Self Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼ Batton Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	nsaction ID: 4CODZ8956811
Name of Employer Self Name of Employer Self Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton FEC ID number of contributing federal political committee. Name of Employer Self Name of Employer Self Receipt For: Primary General Occupation Oyhthamologist Aggregate Year-to-Date C Batto C Batto C FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	nount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Batte Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼ Occupation Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	365.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Aggregate Year-to-Date ▼	ch Tool - PAC
C. Full Name (Last, First, Middle Initial) Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General 365.00	
C. Gregory Cox Mailing Address Building No2 2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Primary General	
2 Hamilton Health Place City State Zip Code Hamilton NJ 08690-3563 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Aggregate Year-to-Date ▼	te of Receipt
Hamilton NJ 08690-3563 Am FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date ▼	6 29 7 2009
FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date 255.00	nsaction ID: 0755224
Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Aggregate Year-to-Date 365.00	nount of Each Receipt this Period 365.00
Name of Employer Self Ophthamologist Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date 365.00	L.T. J. DAG
Primary General	ch Tool - PAC
265.00	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	980.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 99 (check only one) X	
<i>A</i>	ny information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)		
۱.	Full Name (Last, First, Middle Initial) Keith Dahlhauser			Date of Receipt	
	Mailing Address Suite 101 1703 S Meridian			06 18 2009	
	City	State	Zip Code	Transaction ID: 7QV9C5753623	
	Puyallup	WA	98371-7590	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		750.00	
	Name of Employer Self	Occupatio Ophthan		Batch Tool - PAC	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00		
_	Full Name (Last, First, Middle Initial) Martha Damaske Snearly			Date of Receipt	
	Mailing Address 8055 Twin Oaks Drive	9		M M / 29 / 2009 Transaction ID: 0511547	
	City	State	Zip Code		
	Broadview Heights	OH	44147-1035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
	Full Name (Last, First, Middle Initial) Richard Davenport			Date of Receipt	
	Mailing Address Suite 204 2424 S 90th Street			06 29 2009	
	City	State	Zip Code	Transaction ID: 0191222	
	West Allis	WI	53227-2455	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC	
	Name of Employer Self	Occupation Ophtham	nologist	Baton 1001 - FAO	
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		500.00		
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1615.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 99 (check only one) X	
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)		
∠ \.	Full Name (Last, First, Middle Initial) Daniel Day			Date of Receipt	
	Mailing Address 8401 Golden Valley F	Road #330		06 30 7 2009	
	City	State	Zip Code	Transaction ID: 4CODZ8225812	
	Golden Valley	MN	55427-4488	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC	
	Receipt For:	- ' · · · · · · · · · · · · · · · · · · 	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
_	Full Name (Last, First, Middle Initial) Steven Dixon			Date of Receipt	
	Mailing Address Suite 7 1111 E Ocean Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 0381141	
	Lompoc	CA	93436-2501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		620.00	
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	620.00		
_	Full Name (Last, First, Middle Initial) Daniel Drysdale			Date of Receipt	
	Mailing Address 3645 S Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: GHJUP7224273	
	Blacksburg	VA	24060-7018	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC	
	Receipt For:	, ' ' ' 	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
Γ				1870.00	

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 99 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) William Durant Mailing Address 950 Ryland Street City Reno FEC ID number of contributing federal political committee.	State Zip Code NV 89502-1605	Date of Receipt M M M
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date 365.00	Batch Tool - PAC
Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Ave	enue	Date of Receipt 0 6 0 1 2 0 0 9
City	State Zip Code	Transaction ID: 11A7E7C56B0C4191
Metairie FEC ID number of contributing federal political committee.	LA 70002-1361	Amount of Each Receipt this Period 100.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Robert Malcolm Edwards Mailing Address 1240 Colonial Comm	mons Court	Date of Receipt
City	State Zip Code	0 6 1 8 2 0 0 9 Transaction ID: 7QV9C5222946
Lancaster	SC 29720-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
)	965.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any inform or for comi	nation copied from such Reports and S mercial purposes, other than using the	Statements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) can Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
A. Nancy E	me (Last, First, Middle Initial) Efferson-Bonachea Address 37 Barrington Drive			Date of Receipt
City Bedfo	·	State NH	Zip Code 03110-5601	Transaction ID: 1OSYDX103425 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	С		365.00
Self Receipt	of Employer It For: General Other (specify)	Occupation Ophtham Aggregate		Batch Tool - PAC
B. Dion Eh	me (Last, First, Middle Initial) Address Suite 103 7500 Central Avenue	L		Date of Receipt 0 6 2 9 2 0 0 9
City	7500 Central Avenue	State	Zip Code	Transaction ID: 0533074
<u>Philad</u>	<u>lelphia</u>	PA	19111-2431	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o Self	of Employer	Occupation Ophtham		Batch Tool - PAC
	t For: Irimary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	me (Last, First, Middle Initial) I Eiferman	1		Date of Receipt
	Address Suite 220 6400 Dutchmans Park		7:01	06 22 2009
City Louisy	<i>i</i> illo	State KY	Zip Code 40205-3368	Transaction ID: GHJUP7157987 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	40203 0000	500.00
Name o Self	of Employer	Occupation Ophtham		Batch Tool - PAC
	t For: Irimary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTA	AL of Receipts This Page (optional)	1		1365.00
	This Period (last page this line number		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 99 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
·	Full Name (Last, First, Middle Initial) Anthony Evangelista			Date of Receipt
	Mailing Address Arlington Ophth Associated 3025 Matlock Road)		06 29 7 2009
	City	State	Zip Code	Transaction ID: 0830156
	Arlington FEC ID number of contributing	C	76015	Amount of Each Receipt this Period 500.00
	federal political committee.			
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General	, ' 	e Year-to-Date ▼	1
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0		1
	Suzanne Everhart			Date of Receipt
	Mailing Address 211-D England Street			06 19 7 2009
	City	State	Zip Code	Transaction ID: 7QV9D1553661
	Ashland	VA	23005-2086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	. ' ' ' '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) C. Byron Faulkner	1		Date of Receipt
	Mailing Address 4804 S Bellhurst Aven	ue		0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7249833
	Springfield	<u>MO</u>	65804-7594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		365.00	
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1230.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 99 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) William Fein			Date of Receipt
	Mailing Address Suite 200 415 N Crescent Drive			0 6 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 7QV9C5424553
	Beverly Hills	CA	90210-6812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) Robert Feldman			Date of Receipt
	Mailing Address 160 Boston Avenue			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9CW355516
	Altamonte Springs	FL	32701-4706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Claus Fichte			Date of Receipt
	Mailing Address 4202 Lower River Roa	ad		06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8365385
	Youngstown	NY	14174-9753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophthan	nologist	Dalti 1001 - FAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		960.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/99 (check only one)
Any i	information copied from such Reports and Star commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	IAME OF COMMITTEE (In Full)			
A	American Academy of Ophthalmology	Inc Political	I Committee (OPHTHPAC)	
	ull Name (Last, First, Middle Initial) dichael Foote			Date of Receipt
M	Mailing Address Suite 209 1900 N Oregon Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	City	State	Zip Code	Transaction ID: GHJUOL156723
<u>E</u>	El Paso	TX	79902-3380	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		365.00
N S	lame of Employer Self	Occupation Ophtham		Batch Tool - PAC
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	ull Name (Last, First, Middle Initial) Mark Fritz			Date of Receipt
M	Mailing Address 212 N Larkin Avenue	06 18 2009		
	City	State	Zip Code	Transaction ID: 7QV9C5294404
<u>J</u>	oliet	IL	60435-6604	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
	lame of Employer elf	Occupation Ophtham		Batch Tool - PAC
R	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	ull Name (Last, First, Middle Initial) uther Fry			Date of Receipt
_	Mailing Address 310 E Walnut Street			06 29 2009
	City	State	Zip Code	Transaction ID: 0110271
<u>C</u>	Garden City	KS	67846-5572	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N S	lame of Employer elf	Occupation Ophtham		Batch Tool - PAC
R	leceipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
				1865.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Gretchen Fuerste			Date of Receipt
	Mailing Address 20922 Country Squire	Lane		06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9D1982833
	Dubuque	IA	52001-8002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	7
_ 3.	Full Name (Last, First, Middle Initial) Nicoletta Fynn-Thompson Mailing Address 44 Rustic Street			Date of Receipt
	011			06 23 2009
	City Newton	State MA	Zip Code 02458	Transaction ID: 8024857E-AB8E-4620
	FEC ID number of contributing federal political committee.	C	02430	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ilona Genis			Date of Receipt
	Mailing Address 3039 Ocean Parkway			06 / 17 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1W284Y111258
	Brooklyn FEC ID number of contributing federal political committee.	C	11235-8370	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
American Academy of Ophthalmolog	gy Inc Political Committee (OPHTHPAC)					
Full Name (Last, First, Middle Initial) Richard Gieser		Date of Receipt				
Mailing Address 2015 North Main Stre	Mailing Address 2015 North Main Street					
City Wheaton	State Zip Code IL 60187-3152	Transaction ID: 4CODZ8806791				
FEC ID number of contributing federal political committee.	IL 60187-3152	Amount of Each Receipt this Period 250.00				
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Walter Gilbert		Date of Receipt				
Mailing Address 1820 Barrs Street Su	Mailing Address 1820 Barrs Street Suite 122					
City	,					
<u>Jacksonville</u>	FL 32204-4755	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00 Batch Tool - PAC				
Name of Employer Self	Occupation Ophthamologist	Datch 1001 - FAC				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) William Gillum		Date of Receipt				
Mailing Address 1519 E Sixth Street		0 6 2 2 2 0 0 9				
City	State Zip Code	Transaction ID: GHJUP7585739				
Weslaco FEC ID number of contributing federal political committee.	TX 78596-6605	Amount of Each Receipt this Period 365.00				
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00					
SUBTOTAL of Receipts This Page (optional)		1115.00				
TOTAL This Period (last page this line number						

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 99 (check only one) X
or	normation copied from such Reports and Start Rep	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠_ A .	Full Name (Last, First, Middle Initial) Michael Gold Mailing Address Suite L10 55-15 Little Neck Park	wav		Date of Receipt 0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 0832057
	Little Neck	NY	11362-2244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— B.	Full Name (Last, First, Middle Initial) Roy Goodart Mailing Address 6545 S Canyon Cove	Drive		Date of Receipt
				06 29 2009
	City	State	Zip Code	Transaction ID: 0213288
	Salt Lake City FEC ID number of contributing federal political committee.	C	84121-6340	Amount of Each Receipt this Period 620.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 620.00	
 C.	Full Name (Last, First, Middle Initial) Robert Green, Jr. Mailing Address Suite 400			Date of Receipt
	414 Navarro Street	0	7. 0.1	06 29 2009
	City San Antonio	State TX	Zip Code 78205-2505	Transaction ID: 0078341 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70200 2000	365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)	1		1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	<u>-</u>
•	Full Name (Last, First, Middle Initial) Christopher Greer			Date of Receipt
	Mailing Address PO Box 3528			06 24 2009
	City	State	Zip Code	Transaction ID: 4L9WNJ531588
	Fort Smith	AR	72913-3528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Bruce Grossnickle			Date of Receipt
	Mailing Address 2251 Dubois Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0738555
	Warsaw	<u>IN</u>	46580-3212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Michelle Guevarra			Date of Receipt
	Mailing Address 59B Nichols Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 7QV9D5834837
	Nesconset	NY	11767-2094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00 Batch Tool - PAC
	Name of Employer Self	Occupatio Ophtham		Dalch 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
Γ		1		1365.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee t gy Inc Political Committee (OPHTHPAC)	
7 American Academy of Ophthalmolog	gy me i ontical committee (or i i i i Ac)	
Full Name (Last, First, Middle Initial) Carter Gussler Mailing Address Suite 140		Date of Receipt
613 23rd Street		06 19 2009
City	State Zip Code	Transaction ID: 7QV9CW441616
Ashland	KY 41101-2876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Hagan		Date of Receipt
Mailing Address Suite 200 9401 N Oak Trafficw		06 30 7 2009
City	State Zip Code	Transaction ID: 4CODZ8622667
Kansas City	MO 64155-3393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David Harris, Jr.		Date of Receipt
Mailing Address Suite 324 1928 Alcoa Highway		0 6 3 0 2 0 0 9
City	State Zip Code	Transaction ID: 4CODZ8043253
Knoxville	TN 37920-1505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1365.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1365.00	
SUBTOTAL of Receipts This Page (optional)		2865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Christopher Haupert Mailing Address Suite 133 1501 50th Street City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Richard Hawkins Mailing Address 1729 New Hanover Me City Wilmington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophtham	Zip Code 28403-5345	Date of Receipt 0 6 17 2009 Transaction ID: 48AD88F6D323D12798FI Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
_ C.	Full Name (Last, First, Middle Initial) Russell Hayhurst Mailing Address Suite 303 901 W 38th Street City Austin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			915.00

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separat for each cate Detailed Sur		FOR LINE NUMBER: PAGE 34 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for c	commercial purposes, other than using the	Statements may not be sold or e name and address of any poli	used by any person itical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Academy of Ophthalmolog	/ Inc Political Committee (OPHTHPAC)	
. Joh	Name (Last, First, Middle Initial) n Hazelton			Date of Receipt
	ling Address 4803 Saint Johns Pla			06 18 2009
City Mu	rrells Inlet	State Zip Code SC 29576-680	18	Transaction ID: 7QV9C5038581 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C		500.00
Nar Sel	me of Employer f	Occupation Ophthamologist		Batch Tool - PAC
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
	Name (Last, First, Middle Initial) hryn Hecker-Magee	ı		Date of Receipt
Mai	ling Address 3003 Steepleton Colo	06 29 2009		
City			Transaction ID: 0757634	
	eensboro	NC 27410-927	75	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Nar Sel	me of Employer f	Occupation Ophthamologist		Batch Tool - PAC
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
	Name (Last, First, Middle Initial) nhard Heersink	1		Date of Receipt
	ling Address Suite 1 21 Highland Avenue			06 18 2009
City Ne	v wburyport	State Zip Code MA 01950-387	73	Transaction ID: 7QV9C5392736 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C		300.00
Nar Sel	me of Employer f	Occupation Ophthamologist		Batch Tool - PAC
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
CURT	OTAL of Receipts This Page (optional)	1		1300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 99 (check only one) X
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Jeffrey Heier			Date of Receipt
	Mailing Address Suite 600 50 Staniford Street			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9CW479012
	Boston	MA	02114-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Jeffrey Hertz			Date of Receipt
	Mailing Address Suite 105 79 Wawecus Street			06 22 2009
	City	State	Zip Code	Transaction ID: GHJUOL578153
	Norwich	CT	06360-2173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Gary Hirshfield	l		Date of Receipt
	Mailing Address Suite 110 176 - 60 Union Turnp			06 30 4 2009
	City	State	Zip Code	Transaction ID: 4CODZ8728342
	Fresh Meadows	NY	11366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophtham	nologist	Daton 1001-1 AO
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		2500.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) William Holcomb, III Mailing Address Suite 410 1890 Highway 157 City Cullman FEC ID number of contributing rederal political committee. Name of Employer Self	State AL C Occupatio		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Receipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 365.00	
B. [Full Name (Last, First, Middle Initial) Marc Holzman Mailing Address Suite 416 2021 K Street Northwo	est State DC	Zip Code 20006-1003	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	FEC ID number of contributing rederal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		Batch Tool - PAC
C. []	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing ederal political committee. Name of Employer Self Receipt For: Primary General	State MA C Occupatio Ophtham Aggregate		Date of Receipt M M D D 2 0 0 9
su	Other (specify) BTOTAL of Receipts This Page (optional) .			1131.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 99 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Michael lp Mailing Address 3420 Viburnum Drive			Date of Receipt
	Mailing Address 3420 Viburnum Drive			06 29 2009
	City	State	Zip Code	Transaction ID: 0853599
	Madison	WI	53705-1443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Edward Jaeger			Date of Receipt
	Mailing Address Suite 800 840 Walnut Street			0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7262742
	<u>Philadelphia</u>	PA	19107-5109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
_	Full Name (Last, First, Middle Initial) Johanna Jensen			Date of Receipt
	Mailing Address Suite A 1615 12th Avenue Ro	ad		06 24 2009
	City	State	Zip Code	Transaction ID: 4L9WNZ134137
	Nampa	ID	83686-6184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1000.00

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS ny information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Oi	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	Idress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Eric Johnson Mailing Address 204B Allandale Road City Chestnut Hill FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State MA C Occupation Ophthan Aggregate		Date of Receipt 0 6 19 2009 Transaction ID: 7QV9CW134195 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Leonard Alan Johnson Mailing Address 950 Ryland Street City Reno FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NV C Occupation Ophthan Aggregate	Zip Code 89502-1605	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Emilio Justo Mailing Address 19052 N Rh Johnson E City Sun City West FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophthan		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		·	1230.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 99 (check only one) X 11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Jeffrey Ward Kalenak			Date of Receipt
	Mailing Address Suite 600 2600 N Mayfair Road	1		06 08 2009
	City	State	Zip Code	Transaction ID: 1OSYDX342652
	Milwaukee	WI	53226-1374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	- ' ' '	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Jeffrey Kaplan			Date of Receipt
	Mailing Address Suite 106 4699 Main Street			06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8540147
	Bridgeport	<u>CT</u>	06606-1830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00]
_	Full Name (Last, First, Middle Initial) Joseph Kavanagh			Date of Receipt
	Mailing Address Eye Associates of Se 128 S Moss Street S			06 08 2009
	City	State	Zip Code	Transaction ID: 10SYDX841143
	Seguin	TX	78155-5127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupatio Ophthan	nologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
				1115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 99 (check only one) X
, C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Curtin Kelley			Date of Receipt
	Mailing Address Suite 320 262 Neil Avenue			06 22 2009
	City	State	Zip Code	Transaction ID: GHJUOL182710
	Columbus	OH	43215-7311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Michael Kelly			Date of Receipt
	Mailing Address # 200 10321 Lumley Road			06 29 2009
	City	State	Zip Code	Transaction ID: 0426291
	Raleigh	NC	27617-8640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		485.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		485.00	
_	Full Name (Last, First, Middle Initial) Robert Kennedy			Date of Receipt
	Mailing Address 1675 Providence Aver	nue		06 29 7 2009
	City	State	Zip Code	Transaction ID: 0136674
	Schenectady	NY	12309-3919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophthan	nologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 99 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) William Kilpatrick			Date of Receipt
	Mailing Address 7550 E 2nd Street			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9D1480384
	Scottsdale FEC ID number of contributing	AZ	85251-4504	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) James Kinsey			Date of Receipt
	Mailing Address 1101 Erie Boulevard E	East		06 22 7 2009
	City	State	Zip Code	Transaction ID: GHJUOR556113
	Syracuse	NY	13210-1144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Steven Koenig			Date of Receipt
	Mailing Address 30 E 40th Street			06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 7QV9CW108594
	New York	NY	10016-1201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	•		1230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 42/99 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be g the name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Ophthalmol	ogy Inc Political Com	mittee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Stephen Kondash			Date of Receipt
Mailing Address Suite 300 2841 Boudinot Ave	enue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Z	p Code 5238-2496	Transaction ID: 7QV9CW665448 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self	Occupation Ophthamologis	st	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t		
Full Name (Last, First, Middle Initial) Marvin Kraushar			Date of Receipt
Mailing Address 509 East Broad St	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westfield		p Code 7090-2115	Transaction ID: GHJUOF942998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self	Occupation Ophthamologis	st	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t]
Full Name (Last, First, Middle Initial) Ronald Krueger			Date of Receipt
Mailing Address Cleveland Clinic Fo 9500 Euclid Avenu			06 22 2009
City Cleveland		p Code 4195-0001	Transaction ID: GHJUOF226157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		620.00
Name of Employer Self	Occupation Ophthamologis		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t		
SUBTOTAL of Receipts This Page (option			1350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 99 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Barbara Kuczynski			Date of Receipt
	Mailing Address Suite B 330 E 14 Mile Road			06 29 2009
	City	State	Zip Code	Transaction ID: 0765918
	Clawson	MI	48017-2118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Б.	Full Name (Last, First, Middle Initial) Kristine Kunesh-Part	<u> </u>		Date of Receipt
	Mailing Address 2601 Far Hills Avenue	9		06 22 2009
	City	State	Zip Code	Transaction ID: GHJUOL339534
	<u>Dayton</u>	OH	45419-1634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Henry Kwong			Date of Receipt
	Mailing Address 607 Rue De Brille			06 29 2009
	City	State	Zip Code	Transaction ID: 0803778
	New Iberia FEC ID number of contributing	C	70563-2169	Amount of Each Receipt this Period 250.00
	federal political committee.			Batch Tool - PAC
	Name of Employer Self	Occupation Ophtham	ologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line number		•	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Lisa Lane Mailing Address 5790 N Camino De La	Sombra		Date of Receipt
	City Tucson	State AZ	Zip Code 85718-3919	Transaction ID: 4ABE827DDE1F056775 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	in .	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	Ophthan		NT APPROVED AND SETTLED
- 3.	Full Name (Last, First, Middle Initial) Stephen Lane Mailing Address Suite 840			Date of Receipt
	280 Smith Avenue N City St. Paul	State MN	Zip Code 55102-2454	0 6 0 1 2 0 0 9 Transaction ID: 8CPWC1042244
	FEC ID number of contributing federal political committee.	C	33102-2434	Amount of Each Receipt this Period
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
- :.	Full Name (Last, First, Middle Initial) Mark Latina			Date of Receipt
	Mailing Address Suite 203 20 Pondmeadow Drive		7.0.1	06 19 2009
	City Reading	State MA	Zip Code 01867-3261	Transaction ID: 7QV9CW356353 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1465.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any persename and address of any political committee to Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jerry Lehmann Mailing Address 3129 College Street City Beaumont FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 77701-4660 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rick Leoni Mailing Address Suite A 203 Rue Louis Xiv City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code LA 70508-5736 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Jason Levine Mailing Address 5790 N Camino De La City Tucson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AZ 85718-3919 C Occupation Ophthamologist Aggregate Year-to-Date 600.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Andrew Lewis Mailing Address 102 Dawn Place			Date of Receipt
	City Yorktown	State VA	Zip Code 23693-3628	Transaction ID: GHJUP7722321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00 Batch Tool - PAC
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		Daton 1001-1 AC
3.	Full Name (Last, First, Middle Initial) Monique Leys Mailing Address PO Box 9193	1		Date of Receipt 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 4CODZ8624540
	Morgantown FEC ID number of contributing federal political committee.	C	26506-9193	Amount of Each Receipt this Period 485.00
	Name of Employer Self	Occupatio Ophtham	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 485.00	
-).	Full Name (Last, First, Middle Initial) Douglas Litchfield Mailing Address 2033 W Harbor Drive	1		Date of Receipt 0 6 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 7QV9D1333156
	Bismarck FEC ID number of contributing federal political committee.	ND C	58504-8913	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1215.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Loewenthal Mailing Address 44650 Delco Boulevan City Sterling Heights FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State MI C Occupatio Ophtham		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gerald Loushin Mailing Address 8642 Upland Lane N City Maple Grove FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupatio Ophtham Aggregate	Zip Code 55311-1561	Date of Receipt M M M / D D V 2009 Transaction ID: 7QV9CW374834 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Robert Lytle Mailing Address Suite 5 51 Main Street City Hyannis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupatio Ophtham Aggregate		Date of Receipt M M M D D D 29 2009 Transaction ID: 0375363 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)			1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 99 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Richard Mackool			Date of Receipt
	Mailing Address 31-27 41st Street			06 30 2009
	City	State NY	Zip Code	Transaction ID: 4CODZ8134024
	Astoria FEC ID number of contributing federal political committee.	C	11103-3901	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupatio		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthan Aggregate	nologist e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Jonathan Macy			Date of Receipt
	Mailing Address 8635 W 3rd Street Su	ite 360W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4CODZ8147559
	Los Angeles	CA	90048-6149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Steven Madreperla			Date of Receipt
	Mailing Address 628 Cedar Lane			06 29 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0035499
	Teaneck FEC ID number of contributing	NJ	07666-1704	Amount of Each Receipt this Period 1000.00
	federal political committee.	C		Batch Tool - PAC
	Name of Employer Self	Occupatio Ophthan		Daton 1001-1 AO
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1865.00

ommercial purposes, other than using the DF COMMITTEE (In Full) erican Academy of Ophthalmolog Name (Last, First, Middle Initial) am Mallon ing Address 3500 US 1 O Beach C ID number of contributing eral political committee. The of Employer Description of Employer Des	Statements may not be sold or used by any pere name and address of any political committee. y Inc Political Committee (OPHTHPAC) State Zip Code FL 32960-4511 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt Date of Receipt M M M D D D 2 0 0 9 Transaction ID: 0882682 Amount of Each Receipt this Period Batch Tool - PAC
erican Academy of Ophthalmolog Name (Last, First, Middle Initial) am Mallon ing Address 3500 US 1 To Beach C ID number of contributing eral political committee. The of Employer eipt For: Primary Other (specify)	State Zip Code FL 32960-4511 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 9 2 0 0 9 Transaction ID: 0882682 Amount of Each Receipt this Period 365.00
am Mallon ing Address 3500 US 1 O Beach C ID number of contributing eral political committee. The of Employer Description For: Primary Other (specify)	FL 32960-4511 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Transaction ID: 0882682 Amount of Each Receipt this Period 365.00
o Beach C ID number of contributing eral political committee. ne of Employer eipt For: Primary General Other (specify) ▼	FL 32960-4511 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Transaction ID: 0882682 Amount of Each Receipt this Period 365.00
c ID number of contributing eral political committee. ne of Employer eipt For: Primary General Other (specify)	Occupation Ophthamologist Aggregate Year-to-Date	365.00
eral political committee. ne of Employer eipt For: Primary General Other (specify)	Occupation Ophthamologist Aggregate Year-to-Date ▼	
eipt For: Primary General Other (specify) ▼	Ophthamologist Aggregate Year-to-Date ▼	Batch Tool - PAC
Primary General Other (specify) ▼		
Name (Last Elect Millell, 1999)		
k Mandel		Date of Receipt
	06 19 2009	
		Transaction ID: 7QV9C1818726
/ward	CA 94541-2915	Amount of Each Receipt this Period
CID number of contributing eral political committee.	С	1365.00 Batch Tool - PAC
ne of Employer	Occupation Ophthamologist	Balcii 100i - PAC
eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1365.00	•
Name (Last, First, Middle Initial) mas Manzo		Date of Receipt
ing Address 1329 E High Street		06 19 2009
	'	Transaction ID: 7QV9D1789152
	PA 19464-4949	Amount of Each Receipt this Period
eral political committee.	С	500.00
	Occupation Ophthamologist	Batch Tool - PAC
eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	· .
OTAL of Receipts This Page (optional)	1	2230.00
	rward Did number of contributing ral political committee. De of Employer Description of Empl	State Zip Code CA 94541-2915 C D number of contributing ral political committee. De of Employer Other (specify) ▼ C D Name (Last, First, Middle Initial) mas Manzo ing Address 1329 E High Street C D Number of contributing ral political committee. State Zip Code PA 19464-4949 C D number of contributing ral political committee. C State Zip Code PA 19464-4949 C D number of contributing ral political committee. C State Zip Code PA 19464-4949 C D number of contributing ral political committee. De of Employer Occupation Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
·	Full Name (Last, First, Middle Initial) Stephanie Jones Marioneaux			Date of Receipt
	Mailing Address Suite 108 300 Medical Parkway			06 24 2009
	City	State	Zip Code	Transaction ID: 4L9WNZ126217
	Chesapeake	VA	23320-4985	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
-	Full Name (Last, First, Middle Initial) John Marquardt			Date of Receipt
	Mailing Address 116 Andros Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7138048
	Key Largo	<u>FL</u>	33037-5204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Raul Masvidal			Date of Receipt
	Mailing Address 250 Southwest Le Jeu	ne Road		0 6 1 9 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 7QV9CW211633
	<u>Miami</u>	FL	33134-1755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00]
	SUBTOTAL of Receipts This Page (optional)	1		1365.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	
American Academy of Ophthalmolog	gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Thomas Mauger Mailing Address 456 W 10th Avenue		Date of Receipt
		06 29 2009
City	State Zip Code	Transaction ID: 0261728
Columbus	OH 43210-1240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Bobby McCullen		Date of Receipt
Mailing Address Suite A 2325 Aberdeen Bould		0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 7QV9CW249975
Gastonia	NC 28054-0642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David McCullough		Date of Receipt
Mailing Address 33 King Street		06 19 2009
City	State Zip Code	Transaction ID: 7QV9C1372158
Stratford	CT 06615-5849	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
		1865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 99 (check only one) X
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Desmond McGuire			Date of Receipt
	Mailing Address Suite 220 1401 N Tustin Avenue	.		06 17 2009
	City	State	Zip Code	Transaction ID: 1W284Y846873
	Santa Ana	CA	92705-8689	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		620.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' ' '	e Year-to-Date ▼ 620.00	
	Full Name (Last, First, Middle Initial) Fred McMillan			Date of Receipt
	Mailing Address Suite 503 1421 N State Street			06 29 2009
	City	State	Zip Code	Transaction ID: 0274643
	Jackson	MS	39202-1658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Thomas Mehelas			Date of Receipt
	Mailing Address 350 Sawgrass Court			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9D1649056
	Holland	OH	43528-9210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	l		1285.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
/ American Academy of Opnthalmolog	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Calvin Mein		Date of Receipt
Mailing Address 9480 Huebner Road Suite 310		06 19 2009
City	State Zip Code	Transaction ID: 7QV9C1078337
San Antonio	TX 78240-1657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert Melendez		Date of Receipt
Mailing Address 735 Grey Hawk Drive	06 22 2009	
City	Transaction ID: GHJUOF484118	
Rio Rancho	NM 87144-4709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Travis Meredith		Date of Receipt
Mailing Address 5113 Bioinformatics I	Building, Cb#7	06 22 7 2009
City	State Zip Code	Transaction ID: GHJUOL811647
Chapel Hill	NC 27599-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 99 (check only one) X		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t agy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Douglas Merritt	3,	Date of Receipt		
Mailing Address 1226 Northeast Sev	enth Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Grants Pass	State Zip Code OR 97526-1424	Transaction ID: GHJUP7994283 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address Suite 4		Date of Receipt		
	13414 Medical Complex Drive			
Tomball	TX 77375-3333	Transaction ID: EC8FA597D52F80D343 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self	Occupation Ophthamologist			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Kenneth Mitchell		Date of Receipt		
Mailing Address 1 Stadium Drive		06 22 7 2009		
City <u>Morgantown</u>	State Zip Code WV 26505	Transaction ID: GHJUOL032325 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
)	1300.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 99 (check only one) X	
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)		
. ∠ \.	Full Name (Last, First, Middle Initial) Sanford Moretsky			Date of Receipt	
	Mailing Address 2125 West Indian Sch	nool Road		06 08 7 9 9	
	City Phoenix	State AZ	Zip Code 85015-4908	Transaction ID: 1OSYDX158631 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	03013 4300	500.00	
	Name of Employer Self	Occupatio Ophthan		Batch Tool - PAC	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00		
	Full Name (Last, First, Middle Initial) Craig Morgan			Date of Receipt	
	Mailing Address 1611 13th Avenue			0 6 2 9 2 0 0 9	
	City	State	Zip Code	Transaction ID: 0364419	
	Huntington	WV	25701-3811	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00]	
	Full Name (Last, First, Middle Initial) Paul Moyer			Date of Receipt	
	Mailing Address 520 Bruton Circle			06 19 YYYY 2009	
	City	State	Zip Code	Transaction ID: 7QV9CW757693	
	Kettering FEC ID number of contributing federal political committee.	C	45429-1624	Amount of Each Receipt this Period 500.00	
	Name of Employer Occupation Ophthamolo			Batch Tool - PAC	
	Receipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 500.00		
Г	SUBTOTAL of Receipts This Page (optional) .	1		2000.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 99 (check only one) X
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) George Nardin			Date of Receipt
	Mailing Address Suite 214 407 Uluniu Street			06 29 2009
	City	State	Zip Code	Transaction ID: 0488147
	Kailua	HI	96734-2537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General	, ' 	e Year-to-Date ▼	1
	Other (specify)		365.00	
	Full Name (Last, First, Middle Initial) Marietta Nelson	.		Date of Receipt
	Mailing Address 2800 N Tenaya Way Suite 102			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7515682
	Las Vegas	NV	89128-1100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	, ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	365.00	
	Full Name (Last, First, Middle Initial) Ngoc Nguyen			Date of Receipt
	Mailing Address Suite 300 2380 Montpelier Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7273561
	San Jose	CA	95116-1620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	. ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
		<u> </u>		1230.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 99 (check only one) X
\ C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Carolyn Oesterle			Date of Receipt
	Mailing Address 2015 N Main Street			06 18 2009
	City Wheaton	State IL	Zip Code 60187-3152	Transaction ID: 7QV9C5405708 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Michael Orr	Date of Receipt		
	Mailing Address 8103 Clearvista Parkw	06 29 2009		
	City	Transaction ID: 0614415		
	Indianapolis	IN	46256-5628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupatio Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00	
_	Full Name (Last, First, Middle Initial) Gregory Panzo	1		Date of Receipt
	Mailing Address 2037 Crooked Lake Es	states Lane		06 29 2009
	City	State FL	Zip Code	Transaction ID: 0286455
	Eustis FEC ID number of contributing federal political committee.	C	32726-5721	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1730.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 99 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
١.	Full Name (Last, First, Middle Initial) Harpreet Nini Patheja Mailing Address 110 Pepper Hill Way			Date of Receipt
	Mailing Address 110 Pepper Hill Way			06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8727229
	Aiken	SC	29801-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		620.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 620.00]
	Full Name (Last, First, Middle Initial) George Patterson			Date of Receipt
	Mailing Address Suite 316 8218 Wisconsin Avenu	06 29 7 2009		
	City	Transaction ID: 0214543		
	Bethesda	MD	20814-3107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Larry Patterson			Date of Receipt
	Mailing Address 15 Iris Lane			06 / 29 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0327468
	Crossville	TN	38555-7528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
_	Other (specify) ▼	0 0	300.00	
				1485.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 99 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to bogy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maria Patterson		Date of Receipt
Mailing Address 12690 W North Ave	enue	06 19 2009
City	State Zip Code	Transaction ID: 7QV9CW630342
Brookfield	WI 53005-4636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Ralph Paylor		Date of Receipt
Mailing Address 502 East New Have	06 19 2009	
City	Transaction ID: 7QV9D1708536	
Melbourne	FL 32901-5427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) William Penland		Date of Receipt
Mailing Address 1020 W Buena Vista	a Road	M M / D D / Y Y Y Y Y Y Y Y Y 2009
City	State Zip Code	Transaction ID: 0546483
Evansville	IN 47710-5150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripts This Days (autisms	l)	1365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 99 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Rodolfo Perez			Date of Receipt
	Mailing Address 1519 E 6th Street			06 22 2009
	City Weslaco	State TX	Zip Code 78596-6605	Transaction ID: GHJUP7956402 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' ' 	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Todd Perkins			Date of Receipt
	Mailing Address Suite 206 2870 University Avenu	06 29 2009		
	City	Transaction ID: 0352628		
	Madison	WI	53705-3611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophtham		Datcil 1001 - FAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.00]
_	Full Name (Last, First, Middle Initial) Bryan Phillips	<u> </u>		Date of Receipt
	Mailing Address 3807 Royal Portrush	Drive		06 30 YYYYY 2009
	City Naperville	State IL	Zip Code	Transaction ID: 4CODZ8117671
	FEC ID number of contributing federal political committee.	C	60564-5916	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			1730.00

A	TEMIZED RECEIPTS Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Pollack Mailing Address Illinois Retina Associat 300 Barney Dr., Suite I			Date of Receipt 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 4CODZ8083256
	<u>Joliet</u>	<u> </u>	60435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
— В.	Full Name (Last, First, Middle Initial) David Ranz Mailing Address 171 Heritage Park Driv	e		Date of Receipt
	City	State	Zip Code	06 29 2009
	Murfreesboro	TN	37129-1573	Transaction ID: 0881504 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37123 1373	365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
С.	Full Name (Last, First, Middle Initial) Annette Reda			Date of Receipt
	Mailing Address Suite 101 885 Kempsville Road			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9C1289131
	Norfolk	VA	23502-3800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1730.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) George Reiss Mailing Address Suite F101 6677 W Thunderbird R City Glendale	Road State AZ	Zip Code 85306-3723	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophtham Aggregate		Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Dale Reynolds Mailing Address Unit 104 2330 Troop Drive City Sartell FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupation Ophtham Aggregate		Date of Receipt M M M / 29 / 2009 Transaction ID: 0217381 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
с.	Full Name (Last, First, Middle Initial) Martin Richler Mailing Address Suite 212 20 Hope Avenue City Waltham FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupation Ophthan Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			2300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 99 (check only one) X 11a
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Jesse Rigsby			Date of Receipt
	Mailing Address Suite 103 834 N Seminary Street			06 29 7 2009
	City	State	Zip Code	Transaction ID: 0455258
	Galesburg	IL	61401-2897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- В.	Full Name (Last, First, Middle Initial) Fane Robinson			Date of Receipt
	Mailing Address 550 Washington Street Suite 723			06 30 2009
	City	State	Zip Code	Transaction ID: 4CODZ8112816
	San Diego	CA	92103-2232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.00	
с.	Full Name (Last, First, Middle Initial) John Rosculet			Date of Receipt
	Mailing Address 906 Windward Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0257334
	<u>Neenah</u>	WI	54956-4276	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1865.00
}	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	tatements may not be sold or used by any per- name and address of any political committee Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harvey Rosenblum Mailing Address 220 Madison Avenue City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10016-3422 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt 0 6 29 2009 Transaction ID: 0537771 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Melvin Rothberger Mailing Address 575 Kings Highway City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11223-2046 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) E. Ronald Salvitti Mailing Address Southwestern Pa Eye 750 E Beau Street City Washington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Center State Zip Code PA 15301-6661 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 99 (check only one) X
A or	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Steven Samuelson			Date of Receipt
	Mailing Address 2827 N Clarkson Stre	et		06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9CW484730
	Fremont	NE	68025-7714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Daniel Schaefer			Date of Receipt
	Mailing Address 4590 Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GHJUP7014252
	Buffalo	NY	14226-4548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Bradley Scharf			Date of Receipt
	Mailing Address 8 Magnolia Drive			06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8684463
	Rye Brook	NY	10573-1820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 Batch Tool - PAC
	Name of Employer Self	Occupatio Ophtham	nologist	Daton 1001 - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Г				965.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 99 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Schultze Mailing Address 49 North Street City Delmar FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NY C Occupation Ophthamo	Zip Code 12054-1017 blogist Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Elwin Schwartz Mailing Address Suite 100 400 Saybrook Road City Middletown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupation Ophthamo	Zip Code 06457-4774 blogist Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary Schwartz Mailing Address 9105 Edinburgh Lane City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupation Ophthamo	Zip Code 55125-9191 blogist year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 0139195 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) .			1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 99 (check only one) X
A	ony information copied from such Reports and a r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
∠ A .	Full Name (Last, First, Middle Initial) Michael Scott			Date of Receipt
	Mailing Address 515 Sunset Ridge			06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9D1636249
	Dubuque	IA	52003-7762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Christian Serdahl			Date of Receipt
	Mailing Address 4925 J Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 7QV9CW845732
	Sacramento	CA	95819-3828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
 C.	Full Name (Last, First, Middle Initial) Mark Shapiro			Date of Receipt
	Mailing Address 1311 North Elm Stree	et		06 29 2009
	City	State	Zip Code	Transaction ID: 0813085
	Greensboro	NC	27401-6305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophthan		Daton 1001 - FAO
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			1115.00
	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Hayne Sheffield Mailing Address Suite 4			Date of Receipt 0 6 2 2 2 2 0 0 9
	13414 Medical Comp City	Drive State	Zip Code	Transaction ID: GHJUP7756093
	Tomball	TX	77375-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Peter Shelley	1		Date of Receipt
	Mailing Address Suite A3 32123 1st Avenue S			06 29 7 2009
	City	State	Zip Code	Transaction ID: 0296712
	Federal Way FEC ID number of contributing federal political committee.	C	98003-5720	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ ;.	Full Name (Last, First, Middle Initial) David Shulman			Date of Receipt
-	Mailing Address Suite 127 999 E Basse Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4E149083E00B274FE6
	San Antonio FEC ID number of contributing federal political committee.	C	78209-1802	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Ophthan		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	_ ' ' ' _ '	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			830.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 99 (check only one) X
0	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) R. Michael Siatkowski			Date of Receipt
	Mailing Address 608 Stanton L Young	Boulevard		06 29 7 2009
	City	State	Zip Code	Transaction ID: 0751415
	Oklahoma City	OK	73104-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) John Simon			Date of Receipt
	Mailing Address Suite 202 1220 New Scotland R	oad		0 6 2 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: GHJUP7085877
	Slingerlands	NY	12159-9386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
_	Full Name (Last, First, Middle Initial) Daniel Smith			Date of Receipt
	Mailing Address 110 Pepper Hill Way			06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8473318
	Aiken	SC	29801-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		620.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 620.00	
Г		1		1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 99 (check only one) X 11a
A C	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Stephen Smith Mailing Address 4225 Evans Avenue			Date of Receipt
	Walling Address 4225 Evans Avenue			06 17 2009
	City	State	Zip Code	Transaction ID: 1W284Y123581
	Fort Myers	FL	33901-9311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Neal Snebold			Date of Receipt
	Mailing Address Suite 301 1900 Crown Colony D			06 29 2009
	City	State	Zip Code	Transaction ID: 0130174
	Quincy	MA	02169-0979	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophthan		Balcii 1001 - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial) Rand Spencer			Date of Receipt
	Mailing Address 3612 Overbrook Drive			06 29 7 2009
	City	State	Zip Code	Transaction ID: 0863262
	Dallas	TX	75205-4327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer Self	Occupatio Ophthan	nologist	Dalcii 1001 - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		365.00	1
	SUBTOTAL of Receipts This Page (optional).	•		1230.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee of the Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Gerald Spindel Mailing Address Suite 101 6 Tsienneto Road City Derry FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NH 03038-1584 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M D D 29 2009 Transaction ID: 0307387 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Mitchell Brian Stein Mailing Address 69 S Moger Avenue City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10549-2217 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wells Stewart Mailing Address 177 Parkwood Drive City Elkin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code NC 28621-2429 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	1500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 72 / 99 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
Full Name (Last, First, Middle Initial) Jonathan Stock Mailing Address 703 14th Street City Baraboo FEC ID number of contributing federal political committee. Name of Employer	State	Zip Code 53913-1538	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 9 2 0 0 9 Transaction ID: 0421992 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
Self Receipt For: Primary General Other (specify) ▼	Ophthamolog Aggregate Year	<u> </u>]
Full Name (Last, First, Middle Initial) Domenic Strazzulla Mailing Address Suite 1A1 500 Congress Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Quincy		Zip Code 02169-0917	Transaction ID: 7QV9C5815432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02103-0317	620.00 Batch Tool - PAC
Name of Employer Self Receipt For: Primary General	Occupation Ophthamolog Aggregate Year	•	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	620.00	
Brad Stuckenschneider Mailing Address 3398 Legacy Drive			Date of Receipt 0 6 2 9 2 0 0 9
City Poplar Bluff		Zip Code	Transaction ID: 0754939
FEC ID number of contributing federal political committee.	C	63901-8661	Amount of Each Receipt this Period
Name of Employer Self	Occupation Ophthamolog		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)			1870.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schee for each category o Detailed Summary	f the Contect of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. THPAC)
Full Name (Last, First, Middle Initial) Shigemi Sugiki Mailing Address 1380 Lusitana Street S City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code HI 96813-2443 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M J D D J D J D J D J D J D J D J D J
Full Name (Last, First, Middle Initial) Mark Szal Mailing Address Suite 1600 248 Pleasant Street City Concord FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NH 03301-2588 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gareth Tabor Mailing Address Suite 240 27 S State Street City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OR 97034-3935 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M D 29 2009 Transaction ID: 0131382 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)		1615.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 74 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and address of	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Leiv Takle Mailing Address 646 South Eighth Strong City Griffin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip		Date of Receipt M M J D D J Z D Z D O D D D D D D D D D D D D D D D
В.	Full Name (Last, First, Middle Initial) James Tammaro Mailing Address Suite 102 40 Capri Boulevard City Lake Havasu City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)		Code 403-5661	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 109 Crosspointe Cou City Yorktown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1550.00

or for commercial p NAME OF COM American Aca	urposes, other than using the MITTEE (In Full)	name and add	dress of any political committee	rson for the purpose of soliciting contributions
Full Name (Last		Inc Political	I Committee (OPHTHPAC	
A. Frank Stephen To Mailing Address				Date of Receipt
City <u>Arkadelphia</u>		State AR	Zip Code 71923-4227	Transaction ID: GHJUOF654484 Amount of Each Receipt this Period
FEC ID number federal political of	committee.	C		1365.00 Batch Tool - PAC
Receipt For: Primary Other (spe	General	Occupation Ophtham Aggregate		Datell 1001-1 Ac
B. Kevin Toller	, First, Middle Initial) PO Box 450400			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 1W284Y423212
Grove FEC ID number federal political of		C	74345-0400	Amount of Each Receipt this Period 1500.00 Batch Tool - PAC
Name of Employ Self Receipt For: Primary	yer General	Occupation Ophtham Aggregate	nologist e Year-to-Date ▼	Batch 1001 - PAC
Other (spe	ecify) ▼ , First, Middle Initial)	0 0	1500.00	
Alfredo Trevino Mailing Address		d		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: GHJUOL234978
Laredo FEC ID number federal political o		C	78041-3287	Amount of Each Receipt this Period 500.00
Name of Employ Self	/er	Occupation Ophtham		Batch Tool - PAC
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Re	eceipts This Page (optional)			3365.00

City State Zip Code Transaction Columbus OH 43215-7311 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ State Zip Code Mailing Address 1801 Nh Medical Park Drive City State Zip Code Transaction FEC ID number of contributing federal political committee. Name of Employer State Zip Code Transaction Wilmington NC 28403-5351 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ 365.00 Date of Receipt For: Primary General Other (specify) ▼ 365.00	BER: PAGE 76/99 1b 11c 12 4 15 16 17
A. Peter Utrata Mailing Address Suite 320	f soliciting contributions from such committee.
City State Zip Code OH 43215-7311 Amount of E FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Gerard Henderik Van Rens Mailing Address 1801 Nh Medical Park Drive City State Zip Code Wilmington NC 28403-5351 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Gerard Henderik Van Rens Mailing Address 1801 Nh Medical Park Drive City State Zip Code Wilmington NC 28403-5351 Transaction Amount of E FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Transaction Transaction Date of Rece M M M O M O G M Transaction Amount of E FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Ophthamologist Batch Tool -	ipt 2 2 2 2 2 0 0 9
FEC ID number of contributing federal political committee. Name of Employer Self	ID: GHJUP7373278
Receipt For:	ach Receipt this Period
Name of Employer Self Receipt For:	500.00
Primary General Other (specify) ▼	PAC
Agregate Year-to-Date Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Transaction Amount of E. C Date of Rece M M M / 0 6 Transaction Amount of E. Primary General Other (specify) ▼ Date of Rece M M M / 0 6 Transaction Amount of E. Date of Rece M M M / 0 6 Transaction Amount of E. Date of Rece Transaction Amount of E. Date of Rece M M M / 0 6 Transaction Date of Rece M M M M / 0 6 Transaction Amount of E. C Date of Rece M M M M / 0 6 Transaction Amount of E. Date of Rece M M M M / 0 6 Transaction Amount of E. Date of Rece M M M M / 0 6 Transaction Amount of E. Date of Rece M M M M M M M M M M M M M M M M M M M	
City State Zip Code Transaction Wilmington NC 28403-5351 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Transaction Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: Aggregate	•
Wilmington NC 28403-5351 Amount of E FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Transaction FEC ID number of contributing federal political committee. Name of Employer Self C Name of Employer Self C C Amount of E Amount of E Transaction Amount of E Amount of E Date of Rece Transaction Amount of E Batch Tool - Batch Tool -	30 2009
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Transaction Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist C	ID: A010927EF18706BC5A
Name of Employer Self Name of Employer Self Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State City State FEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation Ophthamologist Date of Receipt For: Aggregate Year-to-Date Table V Date of Receipt For: Aggregate Year-to-Date Table V Date of Receipt For: Aggregate Year-to-Date Table V Date of Receipt For: Aggregate Year-to-Date Table V Date of Receipt For: Aggregate Year-to-Date Table V Date of Receipt For: Transaction Amount of Endered Political committee. Doccupation Ophthamologist	ach Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Self Other (specify) ▼ Sate Zip Code Transaction Amount of Endough Amount	365.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wagnon Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist A65.00 Date of Received Transaction Amount of Exployer Batch Tool -	
Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B City State Zip Code Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Date of Rece **Transaction** Amount of Example of Rece **Document of Recent Part o	
2801 S John Redditt Dr. Suite B City State Zip Code Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist 0 6 Transaction Amount of E.	ipt
Lufkin TX 75904-5666 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Amount of Explorer Batch Tool -	29 / 2009
FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Document Ophthamologist	
Name of Employer Self Ophthamologist	850.00
Beceint For: Aggregate Very to Date ▼	PAC
Primary General Other (specify)	
SUBTOTAL of Receipts This Page (optional)	1715.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 99 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Jonathan Walker			Date of Receipt
	Mailing Address Suite 300 7900 W Jefferson Box	ulovard		06 19 2009
	City	State	Zip Code	Transaction ID: 7QV9CW127661
	Fort Wayne	IN	46804-4128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Floyd Warren			Date of Receipt
	Mailing Address 530 First Avenue Suit	te 3-B		06 22 2009
	City	State	Zip Code	Transaction ID: GHJUOL521933
	New York	NY	10016-6402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
_	Full Name (Last, First, Middle Initial) William Waterhouse			Date of Receipt
	Mailing Address Suite 7 2478 Patterson Road			06 30 7 2009
	City	State	Zip Code	Transaction ID: 4CODZ8515162
	Grand Junction	CO	81505-1266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı		1730.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Aaron Weingeist Mailing Address 3934 S Americus Stree	-1		Date of Receipt
	City Seattle	State WA	Zip Code 98118-1640	Transaction ID: 435F9379FB4E852A8B Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 PACWEB RECURRING CC PAYME-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
 3.	Full Name (Last, First, Middle Initial) Andrew Wherley Mailing Address 2399 Baker Road South	thwest		Date of Receipt 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 4CODZ8518763
	New Philadelphia	OH	44663-7104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00 Batch Tool - PAC
	Name of Employer Self	Occupation Ophtham		Baton 1001 1710
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
. –	Full Name (Last, First, Middle Initial) William White			Date of Receipt
	Mailing Address Suite 405 1004 Carondelet Drive			06 30 7 2009
	City Kansas City	State MO	Zip Code 64114-4801	Transaction ID: 4CODZ8884372
	FEC ID number of contributing federal political committee.	C	04114-4001	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
\[SUBTOTAL of Receipts This Page (optional)			780.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 99 (check only one) X 11a
A 0	r for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC	C)
	Full Name (Last, First, Middle Initial) Jeffrey Whitman		Date of Receipt
	Mailing Address Suite 400 2801 Lemmon Avenu	е	06 19 2009
	City	State Zip Code	Transaction ID: 7QV9D5777869
	Dallas	TX 75204-2399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
. –	Full Name (Last, First, Middle Initial) Wayne Whitmore		Date of Receipt
	Mailing Address 116 E 68th Street		06 22 2009
	City	State Zip Code	Transaction ID: GHJUP7683284
	New York	NY 10065-5955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self	Occupation Ophthamologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Brian Wnorowski		Date of Receipt
	Mailing Address Suite 206 530 Lakehurst Road		06 19 2009
	City	State Zip Code	Transaction ID: 7QV9CW263494
	Toms River FEC ID number of contributing	NJ 08755-8063	Amount of Each Receipt this Period 1000.00
	federal political committee.		Batch Tool - PAC
	Name of Employer Self	Occupation Ophthamologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		1900.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 99 (check only one) X
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) James J. Wong			Date of Receipt
	Mailing Address 102 East Avenue			06 22 2009
	City Norwalk	State CT	Zip Code 06851-5010	Transaction ID: GHJUP7881053 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	_ ' ' ' 	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) George Wyhinny			Date of Receipt
	Mailing Address 1875 W Dempster			06 17 2009
	City	State	Zip Code	Transaction ID: 1W284Y470211
	Park Ridge IL		60068-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		620.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		620.00	
_	Full Name (Last, First, Middle Initial) Alyson Yashar			Date of Receipt
	Mailing Address 21 Arrowhead Lane			06 29 2009
	City	State	Zip Code	Transaction ID: 0375988
	Saddle River FEC ID number of contributing	NJ	07458-2503	Amount of Each Receipt this Period
	federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1485.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each cat Detailed Su	mmary Page	FOR LINE NUMBER: PAGE 81 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any pol	itical committee to se	for the purpose of soliciting contributions olicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mark Young Mailing Address 1214 West A Street City North Platte	State Zip Code NE 69101-46	95	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self	Occupation		365.00 Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Ophthamologist Aggregate Year-to-Date	365.00	
_ В.	Full Name (Last, First, Middle Initial) David Deok Yu Mailing Address Suite 340 10 Congress Street City	State Zip Code		Date of Receipt O 6 19 2009 Transaction ID: 7QV9CW364750
	Pasadena FEC ID number of contributing federal political committee. Name of Employer Self	CA 91105-30	20	Amount of Each Receipt this Period 500.00 Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthamologist Aggregate Year-to-Date	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung Mailing Address 5124 Green Braes Eas	t Drive		Date of Receipt 0 6 1 9 2 0 0 9
	City	State Zip Code		Transaction ID: 7QV9CW454581
	Indianapolis FEC ID number of contributing federal political committee.	IN 46234-29	15	Amount of Each Receipt this Period 310.00
	Name of Employer Self	Occupation Ophthamologist		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	310.00	
	SUBTOTAL of Receipts This Page (optional)		.	1175.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 99 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Marco Zarbin Mailing Address 26 Sunset Drive City Chatham FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NJ 07928-1243 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Zimmerman Mailing Address 2800 3rd Street City Rapid City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code SD 57701-7374 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Harry Zink Mailing Address 3519 Friendsville Ro City Wooster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 44691-1241 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 99 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports ar or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmol	ogy Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Ave 3rd Floor	enue		Date of Receipt 0 6 3 0 7 2 0 0 9
City Pasadena	State CA	Zip Code 91101	Transaction ID: FA243229B6F4A7C6A87 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		959.25 CD interest - Jun09
Name of Employer Receipt For: Primary General Other (specify) ▼	Aggregate 1	Year-to-Date ▼ 5545.38	

SUBTOTAL of Receipts This Page (optional)	•	959.25
TOTAL This Period (last page this line number only)	<u> </u>	959.25

В.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 84/99 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: 2B7680C56909F314D49 Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 0 6 2009 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 939.00 Purpose of Disbursement Bank charges - 6/09 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: B24E02C7D80F6535691 Wells Fargo Bank N.A. Date of Disbursement 3 0 0 6 2009 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 472.72 Purpose of Disbursement AMEX discount - 6/09 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1411.72
TOTAL This Period (last page this line number only)	•	1411.72

Other (specify)

State:

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER: PAGE 85/9					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 28a 28b	24 25 26 28c 29 30				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	committee to so	nicit contributions from	Such committee				
American Academy of Ophthalmology Inc I	Political Committee (OP	HTHPAC)						
Full Name (Last, First, Middle Initial) Andy Harris for Congress			Transaction ID: Date of Disbursem	24660-638012111186 ent				
Mailing Address PO Box 1527			06 / 22	Y 2009				
•	State Zip Code MD 21404		Amount of Each Di	sbursement this Period				
Purpose of Disbursement Contribution 2010 Primary		011		1000.00				
Candidate Name Andrew P. Harris		Category/ Type						
Office Sought: X House Disburse Senate President State: MD District: 01	nent For: 2010 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Transaction ID:	35840-35065859556 ⁻				
Bill Cassidy for Congress			Date of Disbursem	ent				
Mailing Address 8550 United Plaza Blvd. Suite 1001			0 6 1 9	2009				
•	State Zip Code LA 70809		Amount of Each Di	sbursement this Period				
Purpose of Disbursement 2010 Primary Contribution		011		1000.00				
Candidate Name William Cassidy		Category/ Type						
Office Sought: X House Senate President State: LA District: 06	ment For: 2010 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) Blaine for Congress 2010			Date of Disbursem					
Mailing Address PO Box 1526			06 19	['] 2009				
	State Zip Code MO 65205		Amount of Each Di	sbursement this Period				
Purpose of Disbursement 2010 Primary Contribution		011		1000.00				
Candidate Name Blaine Luetkemeyer		Category/ Type						
Office Sought: X House Senate President State: MO District: 09	ment For: 2010 Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional) .				3000.00				
TOTAL This Period (last page this line number only)								

	CHEDULE B (FEC Form	·	Use sepa	arate schedule(s)			NE NU			Р	AGE 8	6 / 99)
IT	EMIZED DISBURSEMEN	ITS	for each	category of the Summary Page		(check 21b 27		e) 22 X 28a	23 28b	24 28c			20
	y Information copied from such Reports for commercial purposes, other than usi												
	NAME OF COMMITTEE (In Full) American Academy of Ophthalm												
<u> </u>	Full Name (Last, First, Middle Initial) Boccieri for Congress						1	ransact ate of D		1353 ment	9-9164	8501	157
	Mailing Address PO Box 3016						_ [06	[/] 2	3 /	Ý Ž0	ŏ9	
	City Alliance	St O	ate H	Zip Code 44601			Α	mount o	of Each	Disburs			riod
	Purpose of Disbursement 2010 Primary Contribution Candidate Name					011 tegory/			•		1000	7.00	
	John A. Boccieri Office Sought: X House	Disbursem	ent For:	2010		ype							
	Senate President		Primary Other (spe	General cify) ▼									
	State: OH District: 16 Full Name (Last, First, Middle Initial) Cap Pac							ransact		8030	7-8296	3198	 342(
	Mailing Address 38 Ivy St SE							0 6 M		9 /	Ý Ž0	ŏ9	(
	City Washington	Str.	ate C	Zip Code 20003			A	mount o	of Each	Disburs	ement th	nis Pe	riod
	Purpose of Disbursement Contribution 2010 Primary					011	L				2500	0.00	
	Candidate Name Cap Pac					tegory/ ype							
	Office Sought: House Senate President	XC	Primary Other (spe	2009 General									
_	State: District: Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Cong	Contribution	ion					ransact		3584	0-2952	6919	<u> </u>
	Mailing Address PO Box 80126	· ·						0 6 M		9 /	Ý Ž0	ŏ9	
	City Lafayette	Sta L/	ate A	Zip Code 70598			A	mount o	of Each	Disburs			rioc
	Purpose of Disbursement 2010 Primary Contribution				011		L		•		1000	0.00	_
	Candidate Name Charles W. Boustany, Jr.					tegory/ ype							
	Office Sought: X House Senate President		ent For: Primary Other (spe	2010 General									
_	State: LA District: 07						Г						_
S	SUBTOTAL of Disbursements This Page	e (optional)				1	•				4500	.00	

ITELLIZED BIABLIBATION	Use separate schedule(s)	(check only	NUMBER: PAGE 87/99 one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology	nc Political Committee (OPH	ITHPAC)	
Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committe	e Inc		Transaction ID: 80307-26189821958 Date of Disbursement
Mailing Address PO Box 549 PO Box 549			06
City Napoleonville	State Zip Code LA 70390		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Charlie Melancon		Category/ Type	
Senate President	ursement For: 2010 X Primary General Other (specify) ▼		
State: LA District: 03 Full Name (Last, First, Middle Initial)			
Ciro Rodriguez for Congress			Transaction ID: 80307-50893801450 Date of Disbursement
Mailing Address PO Box 14528			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ I & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & Q & O & O \end{bmatrix}^{Y} \end{bmatrix}$
City San Antonio	State Zip Code TX 78214		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Ciro D. Rodriguez		Category/ Type	
Office Sought: X House Senate President State: TX District: 23	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 13539-2254907488 Date of Disbursement
Mailing Address PO Box 127			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & G \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & Y \\ Q & Q & Q & Q & Y \end{bmatrix}$
City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011	1000.00
Candidate Name Christopher S. Murphy		Category/ Type	
Senate President	xrsement For: 2010 X Primary General Other (specify) ▼		
State: CT District: 05			

	TEMIZED DISBLIDSEMENTS	Use separate schedule(s)	(check only		PAGE 88/99
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 2 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)				
\rangle	American Academy of Ophthalmology Inc	Political Committee (OPHTI	HPAC)		
	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Meiling Address BO Box 197			Transaction ID: Date of Disbursem	
	Mailing Address PO Box 127 City	State Zip Code			isbursement this Period
	Cheshire	CT 06410		Amount of Each D	
	Purpose of Disbursement Check voided Candidate Name		011 ategory/		-1000.00
	Christopher S. Murphy		Туре		
	7	ement For: 2010 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID:	99086-24132937192
	Committee To Elect Chris Murphy			Date of Disbursem	nent
	Mailing Address PO Box 127			0 0 2 3	2009
	City Cheshire	State Zip Code CT 06410		Amount of Each D	isbursement this Period
	Purpose of Disbursement 2010 Primary Contribution		011		1000.00
	Candidate Name Christopher S. Murphy		ategory/ Type		
	X X	ement For: 2010 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee			Date of Disbursem	
	Mailing Address PO Box 2008			06 19	2009
	City Murfreesboro	State Zip Code TN 37133		Amount of Each D	isbursement this Period
	Purpose of Disbursement 2010 Primary Contribution		011		1000.00
	Candidate Name Bart Gordon		ategory/ Type		
	X X	ement For: 2010 (Primary General Other (specify)			
	State. 111 District. 00				

SCHEDULE B (FEC Form 3X)	Use separate schedule	(e)	OR LINE NUMBER: PAGE 89 / 99	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check onli	y one) 22 X 23 2 28a 28b	24 25 2 28c 29 3
Any Information copied from such Reports and Stater				
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to so	olicit contributions fro	m such committee
NAME OF COMMITTEE (In Full)	Dolitical Committee (C	DUTUDAC)		
American Academy of Ophthalmology Inc	Political Committee (C	PHTHPAC)		
Full Name (Last, First, Middle Initial)			Transaction ID:	35840-04874819517
Congressman Bill Young Campaign Comi	mittee		Date of Disburse	
Mailing Address PO Box 47025			06 1	9 7 2009
City	State Zip Code		Amount of Each I	Disbursement this Period
St. Petersburg	FL 33743			
Purpose of Disbursement		• • • • • • • • • • • • • • • • • • • •		1000.00
2010 Primary Contribution Candidate Name		O11		
C.W. Bill Young		Category/ Type		
Office Sought: X House Disburs	ement For: 2010	71		
Senate X	C Primary General	al		
President	Other (specify)			
State: FL District: 10				
Full Name (Last, First, Middle Initial)				80307-9004327654
Congressman Waxman Campaign Comm	iittee		Date of Disburse	
Mailing Address 6380 Wilshire Blvd. #16	12		06 1	9 7 2009
City	State Zip Code		Amount of Each I	Disbursement this Period
Los Angeles	CA 90048			1000.00
Purpose of Disbursement 2010 Primary Contribution		011		1000.00
Candidate Name		Category/		
Henry A. Waxman		Type		
Office Sought: X House Disburs	ement For: 2010	-1		
Senate	Primary Genera	al		
President	Other (specify)			
State: CA District: 30				
Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	nittee		Transaction ID: Date of Disburse	13865-44523257013 ment
Mailing Address 6380 Wilshire Blvd. #16	12		06 / 2	^D 2009
City	State Zip Code		Amount of Each I	Disbursement this Period
Los Angeles Purpose of Disbursement	CA 90048			-1000.00
Check voided		011		1000.00
Candidate Name		Category/		
Henry A. Waxman		Type		
9 1	ement For: 2010 Primary General	al		
President	Other (specify)			
State: CA District: 30	Other (specify)			
		>		1000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUM	BER:			Р	AGE	90 /	99
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(ch	eck or 21b	lly one) 22	\Box	d 23	Γ	7 24	Г	25	☐ 26
	Detailed Summary Fage	H	27	28	_	28k	ا ه	28c	\vdash	29	30b
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NAME OF COMMITTEE (In Full)	ie and address of any political col	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CC 10 3	Olicit CC	1111100	1110113	110	III Sucii	COITII	TIILLEE	
American Academy of Ophthalmology Inc	Political Committee (OPHT	ГНРА	(C)								
Full Name (Last, First, Middle Initial) Driehaus for Congress					nsac				9-66	8819	6063041
Mailing Address 650 Fox Trails Way				0	М		2		Y Ž	o ŏ	9 ^Y
City Cincinnati	State Zip Code OH 45233			Am	ount	of Ea	ch	Disburs	emer	t this	Period
Purpose of Disbursement Contribution 2010 Primary	On 45255	011							10	00.00	0
Candidate Name Steven L. Driehaus		Catego Type	ory/								
Senate President	ement For: 2010 Primary General Other (specify)	71-	-								
State: OH District: 01											
Full Name (Last, First, Middle Initial) Engel for Congress				Da	te of D	Disbu	rse	ment	7-43	4276	7596244
Mailing Address 462 California Road				o ^w		/	1	9 /	Ž	o ŏ	9 ^Y
City Bronxville	State Zip Code NY 10708			Am	ount	of Ea	ch	Disburs	-		
Purpose of Disbursement Contribution 2010 Primary		011	1		•				50	00.00	0
Candidate Name Eliot L. Engel		Catego Type	-								
9 7	ement For: 2010 Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				-			_	0040	2 40	0.450	7000107
Friends for Harry Reid				Da	te of [Disbu	rse	ment			7098197
Mailing Address PO Box 19163				0	6 "	Ĺ	2	2	2	o ŏ	9
City Las Vegas	State Zip Code NV 89132			Am	ount	of Ea	ch	Disburs		-	
Purpose of Disbursement 2010 General Contribution		011	1		-	_	-		25	00.00)
Candidate Name Harry M. Reid		Catego Type	ory/								
X Senate President	ement For: 2010 Primary X General Other (specify) ▼										
State: NV District:											
SUBTOTAL of Disbursements This Page (optional)							_		85	00.00	0

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Llan congrete cohodula/a\	FOR LINE I	NUMBER:	PAGE 91/99
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,	
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Ophthalmology Inc	Political Committee (OPHT	HPAC)		
Full Name (Last, First, Middle Initial) Friends of Bill Posey			Date of Disburser	
Mailing Address PO Box 360877			06 19	9 2009
City Melbourne	State Zip Code FL 32936		Amount of Each D	Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	Γ	011		2000.00
Candidate Name Bill Posey		Category/ Type		
, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	35840-2404443621635
Friends of Blanche Lincoln			Date of Disburser	
Mailing Address PO Box 3197			06 19	9 2009
City Little Rock	State Zip Code AR 72203		Amount of Each D	Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011		2500.00
Candidate Name Blanche Lambert Lincoln		Category/ Type		
ÿ	ement For: 2010 Primary General Other (specify)			
State: AR District:				
Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy			Date of Disburser	
Mailing Address 151 Linden Road			06 / 23	3 / 2009
City Mineola	State Zip Code NY 11501		Amount of Each D	Disbursement this Period
Purpose of Disbursement Check voided		011		-2500.00
Candidate Name Carolyn McCarthy		Category/ Type		
	ement For: 2010 Primary General Other (specify)			
State: NY District: 04				
SUBTOTAL of Disbursements This Page (optional)		>		2000.00

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		OR LINE neck onl	: NUMBE	:H:		PAGE	92 / 9	9
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	X 23 28	ь <u>П</u>	24 28c	25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the name of the commercial purposes.										
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	HP#	(C)						
<u> </u>	Full Name (Last, First, Middle Initial) Friends of Glenn Nye					Date	of Disbu			54162 2 0 ŏ 9	
	Mailing Address PO Box 68444					0.0		1 9		.009	
	City Virginia Beach	State Zip Code VA 23471				Amou	ınt of Ea	ch Disb	ursemer		eriod
	Purpose of Disbursement 2010 Primary Contribution			01	1	L.			1(00.00	_
	Candidate Name Glenn C. Nye		ı	ateg Typ	,						
	Senate) President	ement For: 2010 Primary General Other (specify)									
	State: VA District: 02 Full Name (Last, First, Middle Initial)					Tuons	cation	ID: 00	307-21	00640	0160
	Friends of John Tanner					Date	of Disbu	ırsemen	t		
	Mailing Address Post Office Box 1994 Post Office Box 1994					0 6	М /	19	7 2	0 ŏ 9	
	City Union City	State Zip Code TN 38281				Amou	ınt of Ea	ch Disb	ursemer	nt this P	erioc
	Purpose of Disbursement 2010 Primary Contribution			01	1				15	00.00	
	Candidate Name John S. Tanner		Ca	ateg Typ	ory/						
	9 17	ement For: 2010 Primary General Other (specify)	<u> </u>	71-	_						
	Full Name (Last, First, Middle Initial) Friends of Lois Capps					Date	of Disbu	irsemen	840-92 t	97906	756
	Mailing Address PO Box 23940					0 ^M 6	M /	19	/ Y 2	0 ŏ 9	Y
	City Santa Barbara	State Zip Code CA 93121				Amou	ınt of Ea	ch Disb	ursemer	nt this P	erioc
	Purpose of Disbursement 2010 Primary Contribution			01	1	L.			1(00.00	
	Candidate Name Lois Capps		Ca	ateg Typ	ory/						
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	I	7.6							
	Olato. On District. 23								35		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 93/99
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and Star or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			
Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign			Transaction ID: 80307-1296045184 Date of Disbursement
Mailing Address PO Box 16128			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix} $
City Houston	State Zip Code TX 77222		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011	1000.00
Candidate Name Gene Green		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		
State: TX District: 29 Full Name (Last, First, Middle Initial)			Transaction ID: 35840-15176028013
Giffords for Congress			Date of Disbursement
Mailing Address PO Box 12886			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \ \end{bmatrix}$
City Tucson	State Zip Code AZ 85732		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Gabrielle Giffords		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		
State: AZ District: 08 Full Name (Last, First, Middle Initial) Glacier Pac			Transaction ID: 80307-6916772723 Date of Disbursement
Mailing Address 3242 Cummins Way Suite 603			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} M & D & D \\ O & D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ Q & Q & Q & Q \end{bmatrix} $
City Missoula	State Zip Code MT 59802		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2014 Primary		011	5000.00
Candidate Name Glacier Pac		Category/ Type	
Senate President	sement For: 2009 Primary General X Other (specify)		
State: District: Cont	bution		
SUBTOTAL of Disbursements This Page (optional	1		7000.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule	(S) (check only	NUMBER: PAGE 94/99
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e 21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political Committee (0	OPHTHPAC)	
Full Name (Last, First, Middle Initial) Kirk for Senate			Transaction ID: 80307-5210382342 Date of Disbursement
Mailing Address PO Box 8			$\begin{bmatrix}\begin{smallmatrix}M\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\19\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
City Winnetka	State Zip Code IL 60093		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1500.00
Candidate Name Mark Steven Kirk		Category/ Type	
χ Senate President	rsement For: 2010 X Primary Gener Other (specify) ▼	al	
State: IL District: Full Name (Last, First, Middle Initial)			Transaction ID: 35840-5757562518
Kirkpatrick for Arizona			Date of Disbursement
Mailing Address PO Box 993			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{bmatrix} \end{bmatrix}$
City Prescott	State Zip Code AZ 86302		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Ann Kirkpatrick		Category/ Type	
Office Sought: X House Senate President State: AZ District: 01	rsement For: 2010 X Primary Gener Other (specify) ▼	al	
Full Name (Last, First, Middle Initial) Majority Initiative To Keep Electing Repl A.K.A Mike R Fund	ublicans Fund		Transaction ID: 35840-1485711932 Date of Disbursement
Mailing Address PO Box 2485			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & G \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix}^Y \end{bmatrix}$
City Springfield	State Zip Code VA 22152		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011	1500.00
Candidate Name Majority Initiative To Keep Electing Representation Fund A.K.A Mike R Fund Office Sought: House Disbu	ublicans rsement For: 2009	Category/ Type	
Senate President	Primary General X Other (specify) ▼	al	
State: District: Cont	ribution		
			4000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		R LINE eck only	NUMBE	:K:		PA	AGE	95 / 99	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		3b	24 28c		25 29	2 3
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\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political Committee (Ol	PHTH	-IPA	.C)							
	Full Name (Last, First, Middle Initial) Maloney for Congress					Date	saction of Disb	ursem	ent	3-336	07119	9321
	Mailing Address 49 East 92nd Street					0 ^M 6	M /	22		ž (o ŏ 9	Y
	City New York	State Zip Code NY 10128				Amou	int of E	ach D	isburse	ement	this Pe	eriod
	Purpose of Disbursement 2010 Primary Contribution			011						100	0.00	_
	Candidate Name Carolyn B. Maloney		1	atego Type	•							
	Senate President	xrsement For: 2010 X Primary General Other (specify)										
	State: NY District: 14 Full Name (Last, First, Middle Initial)						action)-986	5991	473
	Mary Bono Mack Committee Mailing Address PO Box 3370					Date 0 ^M 6	of Disb	ursem		ž	o ŏ 9	Y
	City	State Zip Code				Amou	ınt of E	ach D	isburse	ement	this Pe	erioc
	Palm Springs Purpose of Disbursement	CA 92263			_					100	0.00	
	2010 Primary Contribution Candidate Name Mary Bono Mack		Ca	011 atego Type	ory/							
		x Primary General Other (specify) ▼	<u> </u>	Тур								
	Full Name (Last, First, Middle Initial) McNerney for Congress					Date	saction of Disb	ursem	ent	9-923	62612	248
	Mailing Address 6520 Village Parkway Second Floor					0 ^M 6	M /	^D 2 3		ž	o ŏ 9	Y
	City Dublin	State Zip Code CA 94568				Amou	int of E	ach D	isburse	ement	this Pe	erioc
	Purpose of Disbursement 2010 Primary Contribution			011		L.				100	0.00	_
	Candidate Name Gerald McNerney			atego Type	- 1							
	Office Sought: X House Senate President State: CA District: 11	x Primary										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any Information copied from such Reports and Statem		d by any person fo	or the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any political	committee to sol	icit contributions from such committee
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OP	HTHPAC)	
Full Name (Last, First, Middle Initial) Nelson 2012			Transaction ID: 80307-0257226824760 Date of Disbursement
Mailing Address PO Box 8666			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 9 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
,	State Zip Code NE 68108		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary		011	2500.00
Candidate Name E. Benjamin Nelson		Category/ Type	
X Senate X President	ment For: 2012 Primary General Other (specify)		
State: NE District:			
Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Co Ndc Pac	ommittee Aka		Transaction ID: 13539-1222497820854 Date of Disbursement
Mailing Address 607 14th Street NW Suite	e 800		$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
,	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name New Democrat Coalition Political Action Co Aka Ndc Pac Office Sought: House Disburse		Category/ Type	
Senate President X	ment For: 2009 Primary General Other (specify)		
State: District: Contrib	ution		
Full Name (Last, First, Middle Initial) Pascrell for Congress			Transaction ID: 80307-013683497905 Date of Disbursement
Mailing Address PO Box 640			$ \begin{bmatrix} M & M \\ 0 & M \end{bmatrix} \begin{bmatrix} M & M \\ 1 & 9 \end{bmatrix} \begin{bmatrix} M & Y & Y & Y & Y & Y & Y & Y & Y & Y & $
Totowa	State Zip Code NJ 07511		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2010 Contribution		011	2500.00
Candidate Name William J. Pascrell, Jr.		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only)			

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IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	\blacksquare	24 28c	25 29	20
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	e and address of any politica	al com	mitt	ee to sol							3
	Full Name (Last, First, Middle Initial) Paul Broun Committee	·			,	Date		on ID	ement	t	609918	
	Mailing Address PO Box 1512					0 6		1	9		ž 0 ŏ 9)
	City Athens	State Zip Code GA 30601				Amou	int o	f Each	Disb		ent this F	
	Purpose of Disbursement 2010 Primary Contribution Candidate Name Paul Broun, Jr.		Ca		ory/	L.	•			2	500.00	•
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)		Тур	e							
	Full Name (Last, First, Middle Initial) Rangel for Congress					Date of		sburs	ement	t	18734 ·	
	Mailing Address PO Box 5577 Manhattanville Sta					0 6		3	3 0	<u></u>	2009)
	City New York	State Zip Code NY 10027				Amou	int o	f Each	Disb		ent this F	
	Purpose of Disbursement Contribution Candidate Name Charles B. Rangel		Ca	01 ateg	ory/						.500.00	•
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	<u>I</u>	- 71-								
	Full Name (Last, First, Middle Initial) Richard Burr Committee; the					Date	of Di	sburs	ement	i	014734	
	Mailing Address Post Office Box 5928					0 ^M 6	М	/ D	9	Y L	ž 0 ŏ 9) Y
	City Winston-Salem	State Zip Code NC 27113				Amou	int o	f Each	Disb	urseme	ent this F	Period
	Purpose of Disbursement 2010 Primary Contribution			01	1					. 1	000.00	
	Candidate Name Richard M. Burr			ateg Typ	ory/ e							
		ement For: 2010 Primary General Other (specify)	1									
Г	UBTOTAL of Disbursements This Page (optional)						_			6	00.00	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 98/99		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b		
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NAME OF COMMITTEE (In Full)	e and address of any political co	orninittee to son	Cit Continbutions from	II Sucii committee		
American Academy of Ophthalmology Inc	Political Committee (OPH	THPAC)				
Full Name (Last, First, Middle Initial) Tim Bishop for Congress			Date of Disburser			
Mailing Address PO Box 437			06 1	9 2009		
City Farmingville	State Zip Code NY 11738		Amount of Each [Disbursement this Period		
Purpose of Disbursement Contribution 2010 Primary	[011		1000.00		
Candidate Name Timothy H. Bishop		Category/ Type				
Senate X President	ment For: 2010 Primary General Other (specify)					
State: NY District: 01 Full Name (Last, First, Middle Initial)						
Tim Murphy for Congress			Date of Disburser			
Mailing Address PO Box 24551			06 02	3 7 2 0 0 9		
City Pttsburgh	State Zip Code PA 15234		Amount of Each [Disbursement this Period		
Purpose of Disbursement 2010 Primary Contribution		011		1000.00		
Candidate Name Timothy F. Murphy		Category/ Type				
9 1	ment For: 2010 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee			Transaction ID: Date of Disburser	80307-2988092303276 ment		
Mailing Address PO Box 11586			06 / 1	9 2009		
City Washington	State Zip Code DC 20008		Amount of Each I	Disbursement this Period		
Purpose of Disbursement Contribution		011		5000.00		
Candidate Name Tuesday Group Political Action Committee		Category/ Type				
Senate President X	ment For: 2009 Primary General Other (specify)					
State: District: Contrib	ution					
SUBTOTAL of Disbursements This Page (optional)		<u></u>		7000.00		

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5(CHEDULE B (FEC Form 3X)	Use separate schedule	3/C)	E NUMBER: PAGE 99 / 99	
IT	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	e (check on	22 X 23 24 25 26 28a 28b 28c 29 30	
	y Information copied from such Reports and S for commercial purposes, other than using the				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 35840-082409083843	2
	Yarmuth for Congress			Date of Disbursement	
	Mailing Address 1819 Brownsboro F Suite 100	Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Louisville	State Zip Code KY 40202		Amount of Each Disbursement this Period	_
	Purpose of Disbursement 2010 Primary Contribution		011	2500.00	
	Candidate Name John A. Yarmuth		Category/ Type		
	Office Sought: X House Dis Senate President	sbursement For: 2010 X Primary Gener Other (specify)	ral		
	State: KY District: 03				

SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	•	66000.00